

THE RTFT BLOG: Putting your ideas to work

MAA welcomes suggestions for improving our systems to ensure all claims are adjudicated correctly at initial submission. While some suggestions may not prove feasible, all ideas will be forwarded to the administration-wide Solutions Team for review and evaluation.

Please feel free to send us [your own ideas](#). Here is a Web Log of suggestions that have already been sent to us, along with the current disposition. It also may be helpful for you to review the guiding principles we use to determine which quality improvement projects to undertake.

Suggestions	Current disposition
As October 8, 2004	
The eligibility verification system for WaMedWeb needs to be improved to provide more current, accurate information.	The HIPAA E-Help desk staff assigned to the WaMedWeb will look at system enhancements and make improvements based on recommendations from this suggestor.
Why can't we access MAA through OneHealthPort's secure web portal	MAA and OneHealthPort staff met to determine protocols for including MAA on the OneHealthPort web portal. Staff were asked to address three areas of concern: legal issues regarding contracts between OHP and MAA/ACS; security/technical issues and funding.
Why doesn't MAA's dental forms match those used by Washington Dental Services	MAA and WDS are interested in working with dentists to align dental forms.
Make the Medicare and Medicaid policies regarding the length of time to send in a claim	MAA staff reviewed this suggestion and agree it would be beneficial for these policies to match. MAA has approval for this change and are working on system enhancements and provider announcements.
Make better use of the data you already have to let us know how we are doing	MAA staff have reviewed over 1 million denied claims and contacted 45 providers directly regarding denied claims status and initiated education program for providers regarding protocols to reduce denials
Offer an Interactive Voice Response (IVR) system to check claims status and client eligibility	MAA has purchased IVR software. We expect it to be available in early 2005 for client eligibility information.
Ensure DSHS required fields for Medicare cross over claims can be sent by the Medicare intermediary via electronic	The Solutions Team's work group on Medicare crossovers includes this suggestion.

transmission to reduce the number of paper claims.	
Make sure the Medicare crossovers are fixed for Rural Health Clinics.	Same response as above re: Medicare crossovers
Make sure the claims are paid right so we don't have to send money back.	This is one of the primary reasons for the project.
Establish routine provider education efforts on "how to bill DSHS" including working with provider associations.	The Provider Field Unit is looking into establishing routine education efforts versus "fire fighting"
Provide information to individual providers about how they compare with peers	The Solutions Team Communications work group is investigating reasons for denials by provider types to permit such comparisons and feedback to individual providers
Include all stakeholders, even at development meetings for payment policies	MAA endeavors to include stakeholders in the payment policy development process.
Identify and tackle your most important bill payment and claims issues	The Solutions Team has outlined the primary bill payment and claims issues and developed strategies to address them
Figure out how to reduce the number of incorrect PICs	The Solutions Team's Communications team is developing an educational effort to identify reasons why the PICs aren't correct and to provide information on correct PICs. A Provider Bulletin on PICs was released in September and is available on the RTFT website.
Get rid of the denial related to out of balance claims where the math isn't correct	The Solutions Team's work group on Out of Balance claims is investigating this
Provider numbers aren't correct	MAA has a special Web site to permit providers to instantly verify provider numbers via the Internet. This service is free.
Review why you are asking for all of those comments and documents that get lost or slow up payment	The Solutions Team's work group on Comments and Documents is reviewing the billing instructions and text files to identify all of the occasions when we ask for comments and documents. Individual groups will review these requirements to see if there are other ways to get the information.
Make sure the text files claims processors use is consistent with billing instructions	MAA staff are looking at the most complex text files and making changes to assure compliance with billing instructions.
Providers should have information before they rebill.	Providers have information on their RAs regarding claims status. They also have

	access to claims status through the EDI-Gateway. See link on the first page of this website for information on EDI-Gateway
Re-order how you pay claims to make sure my claims are paid earlier.	MAA uses a “waterfall” claims processing system that orders how claims are adjudicated. Claims that do not require a person to review are adjudicated faster than claims that require a person to review it or paper claims. Making changes to the waterfall process to accommodate a specific provider is not feasible.